CITY OF ROUND ROCK EMPLOYMENT APPLICATION

(First)

NAME: ____

City Of Round Rock Human Resources 221 E. Main

Round Rock, TX 78664

Phone: 512-218-5490 FAX: 512-218-5493

SOCIAL SECURITY #:

Internet: www.ci.round-rock.tx.us

PLEASE PRINT OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter N/A. **Do not leave questions blank**. Be sure to sign when completed. The City of Round Rock is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must have an original signature**. **Resumes will not be accepted in lieu of applications unless specifically stated in job posting**. This application becomes a public record and is subject to disclosure.

(Middle)

MAILING ADDRE	SS (Current):							1			
	(Nun	nber)		(S	treet)	(A	pt #)		(City)	(State)	(Zip)
TELEPHONE NU						OTHER CONT	ACT N	IUMBE	R:		
	(Include	Area Code)							(Ir	iclude Area Co	ode)
E-MAIL ADDRES	S:										
LIST EXACT TITL	E OF POSITION OR T	YPE OF WO	RK FC	R W	HICH	YOU WISH	TO AP	PLY:	JOB	POSTING N	UMBER:
Full Time F	Part Time <u></u> Sumr	mer <u> </u>	emp/F	Proje	ct⊡	Date av	ailable	for w	ork:		
	o work hours other the work days other that		- Frida	ıy?			NO ☐ ES ☐] NO			
Driver's License	(if required for this p	osition)									
Class A		lass B		(Sta	te) Г	Class C			(Number)	ss M	
Class A Comm	= = 1	lass B Comn	nercial		_ [Class C Co	mmero	cial	H-***	ss IVI ss M Comm	ercial
	_				-			_			
Are you at least	16 years of age? Y	ES NO		Α	re y	ou over 18?	YES	N	0 🗌		
	een convicted of a fe		YES		NO				yes", explair		
	of paper, giving the case. A conviction								nd location	of the cou	rt, and the
EDUCATION:		s may be	requi	ired	to	orovide prod	of of	diplon	na, degree,	transcripts	s, licenses,
certifications and		2 3 4 5 6	S 7 8	9 1	0 1	1 12					
•	•		, , , _, ,	0 1	0 1	1 12					
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TYPE OF	NAME & LOCATION	FR	ОМ	тс)	CLOCK HRS	GRAD	UATE	GRADUATION	DIPLOMA/	FIELD OF
SCHOOL	OF SCHOOL	MO	YR	МО	YR	COMPLETED	YES	NO	DATE	DEGREE	STUDY
UNDERGRADUATE											
COLLEGES OR UNIVERSITIES											
GRADUATE SCHOOLS											
000020											
TECHNICAL,											
VOCATIONAL OR											
BUSINESS SCHOOLS											
SUNUULS											L

IF A LICENSE, CERTIFICATE, OR OTHER AUTHORIZATION IS REQUIRED OR RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING, COMPLETE THE FOLLOWING:

LICENSE / CERTIFICATE	DATE ISSUED	ISSUED BY	LICENSE NO.	LOCATION OF ISSUING			
(i.e. PE, RN, CPA, etc.)		(State or other Authority)		AUTHORITY (CITY / STATE)			
		cial skills you possess and r t, computer equipment, type:					
calculators, printing or gr	apriic equipinen	i, computer equipment, types	s of Software and Hardware,	etc			
				·			
	_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Approximate W.P.M. in T	yping		(if required for position)				
Da visio se salo a la serio se		Higher VEC NO NO					
Do you speak a language	e otner than En	glish? YES NO					
If "yes" what language(s)	do vou speak?						
, ,	ow fluently?	Fair Goo	od Excellent				
1!	ow nachtry:	1 dii 000					
			1				
Have you ever been emp	oloyed by the Ci	ty of Round Rock? YES	│ NO │ If "yes", list th	e department / job title			
DEPARTME	NT		JOB TITLE				
Do you have relatives working for the City of Round Rock? YES NO If "yes" list the names, relationships,							
and job title of relative:							
MILITARY SERVICE (A	copy of a repor	t of separation from the Arn	ned Services may be requir	ed)			
Dates of Service:							
		FROM / TO					
		FRUIVI / IU					

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

- 1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
- 2. I understand that, as a condition for employment, I will be required to provide legal proof of authorization to work in the United States.
- 3. I understand that the City of Round Rock may check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with job requirements.
- 4. I understand that offers of employment are conditioned upon my passing a Drug Screening.
- 5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICA	FION MUST BE SIGNED		
SIGN HERE			
	(APPLICANT SIGNATURE)	DATE	

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

- 1. Include All employment. Begin with your current or last position and work back to your first position.
- 2. Employment history should include each position held, even those with the same employer.
- 3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
- 4. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use the employment continuation sheet or attach a typed employment history providing the same information in the same format as this application form.

NAME:						
	Last	First	Middle	Social Security Number		
POSITION TITL	E:		IMMEDIATE SUPERVISOR	FULL-TIME		
EMPLOYER:			NAME:	PART-TIME		
MAILING ADDR	ESS:		TITLE:	SUMMER		
			TELEPHONE #:	TEMP		
			IS / WAS YOUR CURRENT			
TELEPHONE #:			TECHNICAL	AVERAGE NUMBER		
		lude Area Code)	NON-MANAGERIAL	OF HOURS WORKED		
START DATE	END DATE	CURRENT OR FINAL SALARY	SUPERVISORY/MANAGERIAL	PER WEEK IF YOU		
M / D / Y	M / D / Y		IF THIS POSITION WAS SUPERVI	<u> </u>		
		-	# OF EMPLOYEES YOU SUPERV	33111, 2.31 1112		
SUMMARY OF	EXPERIENCE:	<u> </u>				
SPECIFIC REASON FOR LEAVING:						
		WING.				
POSITION TITL		WING.	IMMEDIATE SUPERVISOR	SHILTIME		
POSITION TITL		WING.	IMMEDIATE SUPERVISOR NAME:	FULL-TIME DART-TIME		
EMPLOYER:	E:	WING.	NAME:	PART-TIME		
	E:	WING.	NAME: TITLE:	PART-TIME SUMMER		
EMPLOYER:	E:	WING.	NAME: TITLE: TELEPHONE #:	PART-TIME SUMMER TEMP		
EMPLOYER: MAILING ADDR	E: ESS:	WING.	NAME: TITLE: TELEPHONE #: IS / WAS YOUR CURRENT	PART-TIME SUMMER TEMP PROJECT		
EMPLOYER:	E: ESS:		NAME: TITLE: TELEPHONE #: IS / WAS YOUR CURRENT TECHNICAL	PART-TIME SUMMER TEMP PROJECT AVERAGE NUMBER		
EMPLOYER: MAILING ADDR TELEPHONE #:	E: ESS: (incl	lude Area Code)	NAME: TITLE: TELEPHONE #: IS / WAS YOUR CURRENT TECHNICAL NON-MANAGERIAL	PART-TIME SUMMER TEMP PROJECT AVERAGE NUMBER OF HOURS WORKED		
EMPLOYER: MAILING ADDR	E: ESS:		NAME: TITLE: TELEPHONE #: IS / WAS YOUR CURRENT TECHNICAL NON-MANAGERIAL SUPERVISORY/MANAGERIAL	PART-TIME SUMMER TEMP PROJECT AVERAGE NUMBER OF HOURS WORKED PER WEEK IF YOU		
EMPLOYER: MAILING ADDR TELEPHONE #: START DATE	E: ESS: (incl	lude Area Code)	NAME: TITLE: TELEPHONE #: IS / WAS YOUR CURRENT TECHNICAL NON-MANAGERIAL SUPERVISORY/MANAGERIAL IF THIS POSITION WAS SUPERVI	PART-TIME SUMMER TEMP PROJECT AVERAGE NUMBER OF HOURS WORKED PER WEEK IF YOU WORKED PART-TIME		
EMPLOYER: MAILING ADDR TELEPHONE #: START DATE M / D / Y	E: (include END DATE M / D / Y	lude Area Code) CURRENT OR FINAL SALARY	NAME: TITLE: TELEPHONE #: IS / WAS YOUR CURRENT TECHNICAL NON-MANAGERIAL SUPERVISORY/MANAGERIAL	PART-TIME SUMMER TEMP PROJECT AVERAGE NUMBER OF HOURS WORKED PER WEEK IF YOU WORKED PART-TIME		
EMPLOYER: MAILING ADDR TELEPHONE #: START DATE	E: (inc) END DATE M / D / Y EXPERIENCE:	lude Area Code) CURRENT OR FINAL SALARY	NAME: TITLE: TELEPHONE #: IS / WAS YOUR CURRENT TECHNICAL NON-MANAGERIAL SUPERVISORY/MANAGERIAL IF THIS POSITION WAS SUPERVI	PART-TIME SUMMER TEMP PROJECT AVERAGE NUMBER OF HOURS WORKED PER WEEK IF YOU WORKED PART-TIME		

EMPLOYMENT HISTORY CONTINUATION SHEET

POSITION TITLE	:		IMMEDIATE SUPERVISOR	FULL-TIME			
EMPLOYER:			NAME:	PART-TIME			
MAILING ADDRESS:			TITLE:	SUMMER			
			TELEPHONE #:	TEMP			
			IS / WAS YOUR CURRENT / LAST POSITION	1 = =			
TELEBUONE #				PROJECT			
TELEPHONE #:	(incl.	udo Aroa Codo)	TECHNICAL	AVERAGE NUMBER			
	· ·	ude Area Code)	NON-MANAGERIAL	OF HOURS WORKED			
START DATE	END DATE	CURRENT OR FINAL SALARY	SUPERVISORY/MANAGERIAL	PER WEEK IF YOU			
M/D/Y	M/D/Y		IF THIS POSITION WAS SUPERVISORY, LIST THE	WORKED PART-TIME			
			# OF EMPLOYEES YOU SUPERVISED				
SUMMARY OF E	XPERIENCE:						
SPECIFIC REAS	ON FOR LEAV	VING:					
POSITION TITLE	:		IMMEDIATE SUPERVISOR	FULL-TIME			
EMPLOYER:			NAME:	PART-TIME			
MAILING ADDRE	ESS:		TITLE:	SUMMER			
			TELEPHONE #:	TEMP			
			IS / WAS YOUR CURRENT / LAST POSITION	PROJECT			
TELEPHONE #:			TECHNICAL	AVERAGE NUMBER			
	(inclu	ude Area Code)	NON-MANAGERIAL	OF HOURS WORKED			
START DATE	END DATE	CURRENT OR FINAL SALARY	SUPERVISORY/MANAGERIAL	PER WEEK IF YOU			
M / D / Y	M / D / Y	CORRENT OR FINAL SALART					
WITDII	WI / D / I		IF THIS POSITION WAS SUPERVISORY, LIST THE	WORKED PART-TIME			
CUMMARY OF F	VDEDIENCE:		# OF EMPLOYEES YOU SUPERVISED				
SUMMARY OF E	XPERIENCE:						
SPECIFIC REAS	ON FOR LEAV	VING:					
POSITION TITLE	:		IMMEDIATE SUPERVISOR	FULL-TIME			
EMPLOYER:			NAME:	PART-TIME			
MAILING ADDRE	ESS:		TITLE:	SUMMER			
			TELEPHONE #:	TEMP			
			IS / WAS YOUR CURRENT / LAST POSITION	1 = 1			
TELEBUONE #.				PROJECT			
TELEPHONE #: (include Area Code)			TECHNICAL	AVERAGE NUMBER			
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START DATE	END DATE	CURRENT OR FINAL SALARY	SUPERVISORY/MANAGERIAL	PER WEEK IF YOU			
M / D / Y	M/D/Y		IF THIS POSITION WAS SUPERVISORY, LIST THE	WORKED PART-TIME			
			# OF EMPLOYEES YOU SUPERVISED				
SUMMARY OF EXPERIENCE:							
SPECIFIC REASON FOR LEAVING:							
SPECIFIC REASON FOR LEAVING:							